

0375034

2018MM002232

1312

Rough Arrest Only

OBTS Number		<b>ARREST / NOTICE TO APPEAR Juvenile Referral Report</b>			1. Arrest	3. Request for Warrant	1	Juvenile	N	
Agency ORI Number <b>FL0500700</b>		Agency Name <b>RIVIERA BEACH POLICE DEPARTMENT</b>			Agency Report Number 84- 18-01197					
Charge Type: Check as many as apply		<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other			Weapon Seized/Type 1. Yes 2. No <input checked="" type="checkbox"/> 2 N/A		Multiple Clearance Indicator 1			
Location of Arrest (Including Name of Business) 2551 North Ocean Avenue, Riviera Beach, FL 33404				Location of Offense (Business Name, Address) 2551 North Ocean Avenue Riviera Beach, FL						
Date of Arrest 2/17/18		Time of Arrest 2044	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle N/A			
Name (Last, First, Middle) Strang Derek				Alias (Name, DOB, Soc. Sec. #, Etc) Clifton						
Race W - White B - Black	Race I - American Indian O - Oriental/Asian	Sex W M	Date of Birth 12/23/89	Height 6'00	Weight 175	Eye Color BLUE	Hair Color RED	Complexion LIGHT	Build MED	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) UNKNOWN				Marital Status SINGLE		Religion NONE		Indication of Alcohol Influence Drug Influence		
Local Address (Street, Apt. Number) 2555 PGA BLVD		(City) Palm Beach Gdn		(State) (Zip) FL 33410		Phone (321) 4318896		Residence Type 1. City 3. Florida 2. County 4. Out of State 2		
Permanent Address (Street, Apt. Number) SAME AS ABOVE		(City)		(State) (Zip)		Phone		Address Source DAVID		
Business Address (Street, Apt. Number)		(City)		(State) (Zip)		Phone		Occupation UNKNOWN		
D/L Number, State S365-163-89-463-0		Soc. Sec. Number		INS Number		Place of Birth FLORIDA		Citizenship US		
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large	<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor	<input type="checkbox"/> 5. Juvenile			
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large	<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor	<input type="checkbox"/> 5. Juvenile			
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other	Name (Last) (First) (Middle)			Residence Phone						
Address (Street, Apt. Number)		(City)		(State)		(Zip)		Business Phone		
Notified by (Name)		Date	Time	Juvenile Disposition 1. Handled/Processed within Dept. and Released 2. TOT HRS/CYF 3. Incarcerated						
Released To (Name)		Relationship		FCIC/NCIC		Date		Time		
The above address was provided by defendant and/or defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office informed of any change of address						School Attended		Grade		
<input type="checkbox"/> Yes, by (Name)		<input type="checkbox"/> No (Reason)								
<b>Recovery Information</b>										
0. N/A 1. Voluntary 2. Located Not Returned 3. Hospitalized 4. HRS Custody 5. Law Enforcement Custody 6. Returned to Parent 7. Deceased 8. Other										
Drug Activity	S. Sell	R. Smuggle	K. Dispense/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type	B. Barbiturate	H. Hallucinogen	P. Paraphernalia/ Equipment	U. Unknown
N. N/A	B. Buy	D. Deliver	E. Use			A. Amphetamine	C. Cocaine	M. Marijuana	O. Opium/Deriv	S. Synthetic
P. Possess	T. Traffic						E. Heroin			
Charge Description DISORDERLY INTOXICATION		Counts 1	Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Statute Violation Number 856.011		Violation of ORD #				
Drug Activity N	Drug Type N	Amount/Unit N/A	Offense # 18-01197		Warrant/Capias Number		Bond			
<b>FEB 18 AM 2:08</b>										
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No	Statute Violation Number		Violation of ORD #				
Drug Activity	Drug Type	Amount/Unit	Offense #		Warrant/Capias Number		Bond			
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No	Statute Violation Number		Violation of ORD #				
Drug Activity	Drug Type	Amount/Unit	Offense #		Warrant/Capias Number		Bond			
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No	Statute Violation Number		Violation of ORD #				
Drug Activity	Drug Type	Amount/Unit	Offense #		Warrant/Capias Number		Bond			
<input type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court		Location (Court, Room Number, Address) 205 Dine Hwy W.P.B. FL 33401								
<input type="checkbox"/> Instruction No. 2 You need not appear in Court but must Comply with instructions on reverse side		Court Date and Time Month 03 Day 14 Year 2018 Time 8:30 (A.M.) P.M.		I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT IF I FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST MAY BE ISSUED.						
Signature of Defendant (or Juvenile and Parent/Custodian)		Date Signed				<b>SCANNED FEB 23 2018</b>				
HOLD for other Agency		Signature of Arresting Officer X <i>Cajuste</i>			Name Verification (Printed by Arrestee) (PRINT)					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other	Name of Arresting Officer (Print) OFFICER A. CAJUSTE			I.D.# 6545		PAGE			
Intake Deputy <i>Spinn</i>	I.D.# 8101	Pouch #	Transferring Officer OFFICER A. CAJUSTE		I.D.# 6545	Agency RBPB	Witness here is subject signed with <b>FEB 18 2018</b>		1 OF 1	

**FILED**

CIRCUIT & COUNTY COURTS  
(ORIGINAL DIV.)

OBTS Number		<b>PROBABLE CAUSE AFFIDAVIT</b>			1. Arrest 2. N.T.A.	3. Request For Warrant 4. Request for Capias	1	JUVENILE	N	
ADMIN	Agency Ori Number <b>FLO500700</b>	Agency Name <b>RIVIERA BEACH POLICE DEPARTMENT</b>			Agency Report Number <b>84 - 18 - 01197</b>					
	Charge Type Check As Many As Apply	1. <input type="checkbox"/> Felony 2. <input type="checkbox"/> Traffic Felony	3. <input checked="" type="checkbox"/> Misdemeanor 4. <input type="checkbox"/> Traffic Misdemeanor	5. <input type="checkbox"/> Ordinance 6. <input type="checkbox"/> Other	Special Notes					
DEF	Name (Last, First, Middle) <b>Strang Derek</b>		Alias <b>Clifton</b>		Race <b>W</b>	Sex <b>M</b>	Date Of Birth <b>12/23/89</b>			
	Charge Description <b>DISORDERLY INTOXICATION</b>				Charge Description					
CHARGE	Charge Description				Charge Description					
	Charge Description				Charge Description					
	Charge Description				Charge Description					
VICTIM	Victims Name (Last, First, Middle) <b>STATE OF FLORIDA</b>				Race	Sex	Date of Birth			
	Local Address (Street, Apt. Number) (City) (State) (Zip)				Phone		Address Source			
	Business Address (Name, Street) (City) (State) (Zip)				Phone		Occupation			
<p>The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The Person in custody...</p> <p><input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrest person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described ) investigation</p> <p>On the <u>17</u> day of <u>February</u>, 2018 at <u>22:44</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p>The following incident occurred in the City of Riviera Beach, Palm Beach County, Florida:</p> <p>On February 17th, 2018 at approximately 2030 hours, Sgt. Laporta and I were dispatched to 2551 Ocean Avenue at Mulligans restaurant in reference to a Disturbance. Upon my arrival at the location, the property manager advised that a very intoxicated white male a wearing white t-shirt and gray shorts was pushing their customers and was refusing to stop.</p> <p>The property manager, as well as staff directed us to the east side of the building while stating other customers were being disturbed by the subject's actions. Once Sgt LaPorta and I made it to the east side of the building where the alleged subject was said to be, I observed a white male later identified as Derek Strang (DOB 12/23/89) leaning against the pole.</p> <p>Sgt. LaPorta and I approached and made contact with Strang. Strang appeared to be very intoxicated and had slurred speech. Strang was also reaping with a strong oder of some type of alcohol beverage. Strang was being very uncooperative and cursing at Sgt LaPorta and I, while acting out in a very aggressive manner, he also could not keep his balance, nor speak without slurring and emitted an odor of an unknown alcoholic beverage. Based on my initial investigation, Strang was arrested for Public/ Disorderly Intoxication.</p>										
<b>SCANNED</b>										
<b>FEB 23 2018</b>										
ADMINISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME				SIGNATURE OF ARRESTING / INVESTIGATING OFFICER					
	Maj. Rozier <i>[Signature]</i> 6/130				A. CaJuste 6545					
	NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) February 17th, 2018				NAME OF OFFICER (PLEASE PRINT) February 17th, 2018					
DATE				DATE						
								PAGE 1 of 2		

		<b>PROBABLE CAUSE AFFIDAVIT</b>			1 Arrest 3 Request For Warrant 2 N.T.A. 4 Request for Capias		1	JUVENILE	N	
ADMIN	OBTS Number		Agency Ori Number <b>FL0500700</b>		Agency Name <b>RIVIERA BEACH POLICE DEPARTMENT</b>		Agency Report Number 84 - 18-01197			
	Charge Type Check As Many As Apply		1 <input type="checkbox"/> Felony 2 <input type="checkbox"/> Traffic Felony		3 <input checked="" type="checkbox"/> Misdemeanor 4 <input type="checkbox"/> Traffic Misdemeanor		5 <input type="checkbox"/> Ordinance 6 <input type="checkbox"/> Other		Special Notes	
DEF.	Name (Last, First, Middle) <b>Strang Derek Clifton</b>				Race <b>W</b>	Sex <b>M</b>	Date Of Birth <b>12/23/89</b>			
	Charge Description <b>DISORDERLY INTOXICATION</b>		Charge Description		Charge Description		Charge Description			
VICTIM	Victims Name (Last, First, Middle) <b>STATE OF FLORIDA</b>				Race	Sex	Date of Birth			
	Local Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone		Address Source		
	Business Address (Name, Street)		(City)	(State)	(Zip)	Phone		Occupation		
<p>The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The Person in custody...</p> <p><input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrest person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described ) investigation admitting the below facts</p> <p>On the <u>17</u> day of <u>February</u>, <u>2018</u> at <u>22:44</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p>Strang was then transported to the Riviera Beach police department to be processed. Riviera Beach Fire Medics responded to the holding cell to check on Strang after he had started vomiting inside the holding cell.</p> <p>Strang was then transported to JFK North Hospital to be medically cleared and then returned back to the Riviera Beach police department to complete processing. Strang was charged with Public/ Disorderly Intoxication a violation of F.S.S. 856.011</p> <p>Strang was then transported and turned over to Palm Beach County Sheriff Office.</p>										
NOT A CERTIFIED COPY										
ADMINISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME Maj. Rozier <i>[Signature]</i> 0130				SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <i>[Signature]</i> CSYC		<b>SCANNED</b>			
	NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) <b>February 17th, 2018</b>				NAME OF OFFICER (PLEASE PRINT) <b>A. CaJuste 6545</b>		<b>FEB 23 2018</b>			
DATE				DATE <b>February 17th, 2018</b>		PAGE <b>2 of 2</b>				